

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY **BREATH ALCOHOL PROGRAM**

DATAMASTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 10:02 am, Dec 30, 2014

Complete this report at the time of the regular monthly preventive n Complete this report whenever the instrument is serviced or repaire Retain the original and send a copy within 15 days to the Breath Al	ed and whenever it is	placed into service.	s).				
DATAMASTER SN NAME OF AGENCY 204157 MSHP		12/15/2014					
LOCATION OF INSTRUMENT (STREET AND CITY) Montgomery County Jail, 211 East 3RD, Montgomery City, I	MO 63361	TIME OF INSPECTION 11:37 am					
CHECKLIST: Place a mark in the box by each item if found to be sati where determined.) Unmarked items must be corrected before usin	isfactory or if operating		imits. (Write in observed values				
DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) 12-15-14 @1137						
☑ COMPUTER	☑ DETECTOR						
PROGRAM	FILTERS		·				
☐ HEATERS SAMPLE CHAMBER	QUARTZ STAN	IDARD					
☐ FLOW DETECTOR	☑ CALIBRATION						
PUMP HIGH SPEED	PRINTER						
☑ INDICATOR LIGHTS							
SIMULATOR SOLUTION SUPPLIER Guth Laboratories	LOT # 1	3290 E	(P. DATE 10/29/2015				
✓ SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C S	IMULATOR SN	MP2411 EX	KP. DATE 08/28/2015				
$oldsymbol{ ot}$ Calibration check – (only one standard is to be u	SED PER MAINTEN	ANCE REPORT)					
Run three tests using a standard solution. All three tests must bless. Mark the box corresponding to the standard solution being			must have a spread of .005 or				
0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.040% STANDARD - MUST READ BETWEEN 0.038% AND	0.084% INCLUSIVE						
TEST 1 ★097 TEST 2 ★ .097		TEST 3 ▼ .097					
PERFORM R.F.I. TEST (PRINTOUT ATTACHED)	· · · · · · · · · · · · · · · · · · ·						
NDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWIN DO NOT INCLUDE SELF-ADMINISTERED TESTS)	IG RANGES SINCE	THE LAST MAINTE	NANCE REPORT:				
REFUSALS 0 (004) 1 (.0509) 0	(.1014) 1	(.1519) 1	OVER .19 0				
JST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE USE OTHER SIDE IF NECESSARY).	TO RESTORE THE INSTRUMEN	T TO OPERATE SATISFACT	TORILY AND WITHIN ESTABLISHED LIMITS				
This instrument meets Missouri Department of Health specifications at this time.							
NSPECTING OFFICER							
IGNATURE (22ms) Sut A		RINT FULL NAME Raymond Scott Miller					
YPE II PERMIT NUMBER EXPIRATION DATE 12/23/2105		TELEPHONE NUMBER (573) 751-1000					
Breath Alcohol Program, N 2875 James Blvd. Poplar Bluff, MO 63901	MO Department of Hea	alth and Senior Serv	rices, Southeast District Office				



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of
Alcohol Reference Solution for Simulator were analyzed by
gas chromatography on October 31, 2013, using a Perkin Elmer Gas
Chromatograph Autosystem XL S/N: 610N9030209, and found to contain
0.1202% (w/vol) ethyl alcohol. The expiration date for this lot
number is October 29, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

Face This Side Down - This Edge In First

BAC DataMaster **Evidence Ticket**

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BAC DataMaster Evidence Ticket

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Operator Signature

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Face This Side Down - This Edge In First **BAC DataMaster**

Evidence Ticket

EAC DATHMASTER SERTEL NUMBER 204157 MISSOURI STATE MIGHLARY PATROL 18/35/14

ARREST FIME, 11:38

SUBJECT MARE:

MILLERAKYS

DIR: 11/11/11

STRTE/D.L.: MC/1111111

FRRESTING OFFICER:

MILLER/R/S

OFFICER I.D.: 1124 TESTING OFFICER:

WILLER/R/S

OFFICER 1.D.: 1124

PERMIT NUMBER: 238329

EXPIRATION DATE: 18/23/15

MINCELLANEOUS DATH:

--- BREETH GRELYNIN ---

BLIFK TEXT

VERIFIED 3000

99:31 18 ST

> INFERENCE INTERPERENCE MATERIAR STEMMEN

Operator Signature_